24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Defend Louisiana PAC	C C00616128
Check if X 24-hour report 48-hour report New report Amends report filed on	M / D D / Y B Y B Y
Full Name of Payee Date o	f Public Distribution/Dissemination
BOLD	10 22 2016
Mailing Address 1746 Jackson Ave Amoun	ıt
City State Zip Code	6000.00
Date o	action ID : SE.4270 f Disbursement or Obligation
Canada de la contraca	10 22 / Y 2016
Name of Federal Candidate Support Office Sought	: House District: 00
CAMPBELL, FOSTER LONNNIE II, , ,	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursement 2016 Ott	For: Primary ✗ General her (specify) ▶
Full Name of Payee Date of BOLD	of Public Distribution/Dissemination
	10 22 7 2016
Mailing Address 1746 Jackson Ave Amour	nt
City State Zip Code	20700.00
Date o	ction ID : SE.4271 of Disbursement or Obligation
	10 22 / Y Y Y Y Y
Name of Federal Candidate X Support Office Sought	t: House District: 00
CAMPBELL, FOSTER LONNNIE II, , , Oppose Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursement 2016 Ot	t For: Primary Seneral ther (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	26700.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Townsend, Taylor, , , [Electronically Filed] Date 10	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	